



## *City of Miami Gardens*

### **Building Department**

1515 N.W. 167<sup>th</sup> Street, Bldg. # 4  
Miami Gardens, Florida 33169  
305-622-8027 (office) 305-622-8557 (fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## **CONTRACTOR REGISTRATION ITEMS REQUIRED**

### **STATE LICENSED CONTRACTORS:**

1. State License
2. Certificate of Liability Insurance \*
3. Certificate of Worker's Compensation or Workman's Compensation Exemption Card \*
4. Occupational License from where your business is located
5. Copy of Qualifier's Driver's License

### **COUNTY LICENSED CONTRACTORS:**

1. Certificate of Competency
2. State of Florida License Registration
3. Certificate of Liability Insurance \*
4. Certificate of Workman's Compensation or Workman's Compensation Exemption Card \*
5. Occupational License from Miami-Dade County
6. Municipal Contractor's License from Miami-Dade County
7. Copy of Qualifier's Driver's License

\* The City of Miami Gardens must be named as the Certificate Holder on all Insurances.

***\*\*All Information Must Be Submitted In Person at Time of Registration \*\****



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## **CONTRACTOR REGISTRATION FORM**

**DO NOT FAX DOCUMENTS; THEY MUST BE BROUGHT IN PERSON.**

Company Name

Address

CITY

State

Zip

Phone

Fax

Other

Qualifier Name

Address

CITY

State

Zip

Phone

Fax

Other

Drivers license #:

Exp:

**PLEASE ATTACH COPY OF ALL LICENSES & CERTIFICATE OF INSURANCES.**

State License:

Exp:

Certificate of Competency:

Exp:

Occupational License:

Exp:

Municipal License:

Exp:

**CERTIFICATE OF INSURANCE MUST BE MADE OUT TO THE CITY OF MIAMI GARDENS.**

Liability Insurance Co.:

Policy Number:

Expiration:

Workman's Comp Insurance Co.:

Policy Number:

Expiration: